

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
AUG 23 2016

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	16-0275
Date:	8-25-16
Amount Paid:	\$75
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Joel Kustan</u>	Mailing Address: <u>2430 Oak Street White Bear Lake MN</u>	City/State/Zip: <u>Barabes WI 54873</u>	Telephone: _____
Address of Property: <u>5805 Larners Rd</u>	Contractor Phone: <u>715 5100432</u>	Plumber: _____	Cell Phone: <u>651 556-1880</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Jim Johnson</u>	Agent Phone: <u>715 510 0432</u>	Agent Mailing Address (include City/State/Zip): <u>715 510 0432 53200 Tack House Ln Barabes</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Plumber Phone: _____
PROJECT LOCATION: <u>N 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-2-45-09-32-2 01-00-80000</u>	PIN: (23 digits) <u>04-2-45-09-32-2 01-00-80000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>667</u> Page(s) <u>406</u>
Section <u>36</u> , Township <u>45</u> N, Range <u>9</u> W	Town of: <u>Barabes</u>	Lot Size	Acres: <u>5.04</u>
<input type="checkbox"/> Shoreland <u>→</u>	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> If Yes--continue <u>→</u>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue <u>→</u>	Distance Structure is from Shoreline: _____ feet	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material <u>\$9200</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Year Round	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>Conv.</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>28.32</u>	Width: <u>28</u>	Height: <u>16'</u>
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with Loft	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with a Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input checked="" type="checkbox"/> Accessory Building (specify) <u>GARAGE</u>	( <u>28</u> X <u>32</u> )	<u>896</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Special Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Conditional Use: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Other: (explain) _____	( <input type="checkbox"/> X <input type="checkbox"/> )	
	<input type="checkbox"/> Rec'd for Issuance <input type="checkbox"/>		
	<u>AUG 25 2016</u>		
	<u>Secretarial Staff</u>		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: [Signature] Date: 8-23-16  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attached

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	266 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	75 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	815 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	816 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	288 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

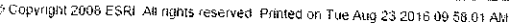
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 16-0275		Permit Date: 8-25-16				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:		Inspected by: JAC		Zoning District (R2)		
Date of Inspection: 8-23-16				Date of Re-Inspection:		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)						
Not for human habitation No water under pressure						
Signature of Inspector: J. Gandy				Date of Approval: 8-24-16		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>

County, WI



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APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
AUG 15 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0278  
Date: 8-26-16  
Amount Paid: \$390  
Refund:

\$390 - ck # 7568



TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Jack and Tami Hoff	Mailing Address: 511 S. 7th Str	City/State/Zip: Cameron WI 54822	Telephone: Cell, 715-790-0308
Address of Property: 2320 Pickeral Lake Rd	City/State/Zip: Barnes WI 54873	Contractor Phone: 715-226-1863	Plumber Phone: 715-790-0323
Contractor: Mike Hendricks	Agent Phone: 715-226-1863	Plumber: Ron Friedel	Plumber: 715-637-3026
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION: 1/4, 1/4	Legal Description: (Use Tax Statement) Gov't Lot 142, Lot(s) 8, CSM 572, Vol & Page 4 153, Lot(s) No., Block(s) No., Subdivision:	PIN: (23 digits) 04-004-2-44-04-05-2 05-002-0800	Recorded Document: (i.e. Property Ownership) Volume 1027, Page(s) 175
Section 5, Township 44 N, Range 9 W	Town of: Barnes	Lot Size	Acres: 5.330
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material: \$130,000	Project: New Construction	# of Stories and/or basement: 1-Story	Use: Seasonal	# of bedrooms: 2	What Type of Sewer/Sanitary System is on the property? Municipal/City	Water: City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2 1/2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story		<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement w/ly			<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 32	Width: 36	Height: 14
Proposed Construction:	Length: 32	Width: 36	Height: 14

Proposed Use: <input checked="" type="checkbox"/> Residential Use	Proposed Structure: Principal Structure (first structure on property)	Dimensions: 32 x 36	Square Footage: 1152
	<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) with Loft	(32 x 42) 144	
	<input checked="" type="checkbox"/> with a Porch with (2nd) Porch	(4 x 10) 40	
	<input checked="" type="checkbox"/> with a Deck with (2nd) Deck	(8 x 12) 96	
	<input type="checkbox"/> with Attached Garage		
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities		
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)		
	<input type="checkbox"/> Addition/Alteration (specify)		
	<input type="checkbox"/> Accessory Building (specify)		
	Accessory Building Addition/Alteration (specify)		
Rec'd for Issuance	Special Use: (explain)		
AUG 25 2016	Conditional Use: (explain)		
Secretarial Staff	Other: (explain)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Jack & Tami Hoff Date: 8-15-16  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: \_\_\_\_\_  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed





**SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:**

**Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138**

**INSTRUCTIONS:** No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE STAMP (RECEIVED)  
AUG 08 2016  
ENTERED

Permit #:	16-0283
Date:	8-30-16
Amount Paid:	\$75
Refund:	8-30-16

<b>TYPE OF PERMIT REQUESTED →</b>						<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: <b>Philip AND BARB LARSON</b>			Mailing Address: <b>10120 UTAH AVE OREOLE</b>			City/State/Zip: <b>Bloomington, MN 55439</b>			Telephone: <b>952-941-2553 (H)</b>			
Address of Property: <b>55285 Bridge Trail</b>			City/State/Zip: <b>BARNES WI 54873</b>						Cell Phone: <b>952-693-6294</b>			
Contractor: <b>Dale Carpenter or me</b>			Contractor Phone:			Plumber: <b>BERGEMAN</b>			Plumber Phone:			
Authorized Agent: (Person Signing Application on behalf of Owner(s))			Agent Phone:			Agent Mailing Address (include City/State/Zip):			Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04- 004-245-09-17-400-136-13000		Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____						
NE 1/4, SE 1/4		Gov't Lot _____		Lot(s) CSM Vol & Page		Lot(s) No. Block(s) No.		Subdivision: <b>BENCHMARK Addition</b>				
Section 18 Township 45 N Range 9 W		Town of: <b>BARNES</b>		Distance Structure is from Shoreline: _____ feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →		Distance Structure is from Shoreline: _____ feet		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes--continue →		Distance Structure is from Shoreline: _____ feet				
<input type="checkbox"/> Non-Shoreland												

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 9800.00	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>septic</u> (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (w/ service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 24'	Width: 26'	Height: 23'
Proposed Construction:	Length: 18'	Width: 14'	Height: 8'6"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
X Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(    X    )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(    X    )	
		with Loft	(    X    )	
		with a Porch	(    X    )	
		with (2 <sup>nd</sup> ) Porch	(    X    )	
		with a Deck	(    X    )	
		with (2 <sup>nd</sup> ) Deck	(    X    )	
		with Attached Garage	(    X    )	
	<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(    X    )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( 16' X 14' )	292
AUG 30 2016	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>NEW DECK</u>	(    X    )	
	<input type="checkbox"/>	Accessory Building (specify) _____	(    X    )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(    X    )	
Just Adding Deck	<input type="checkbox"/>	Special Use: (explain) _____	(    X    )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(    X    )	
	<input type="checkbox"/>	Other: (explain) _____	(    X    )	

FAILURE TO OBTAIN A PERMIT TO STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property for the purpose of inspection.

Owner(s): Thick Green Barbara Johnson

Date: 7-29-16

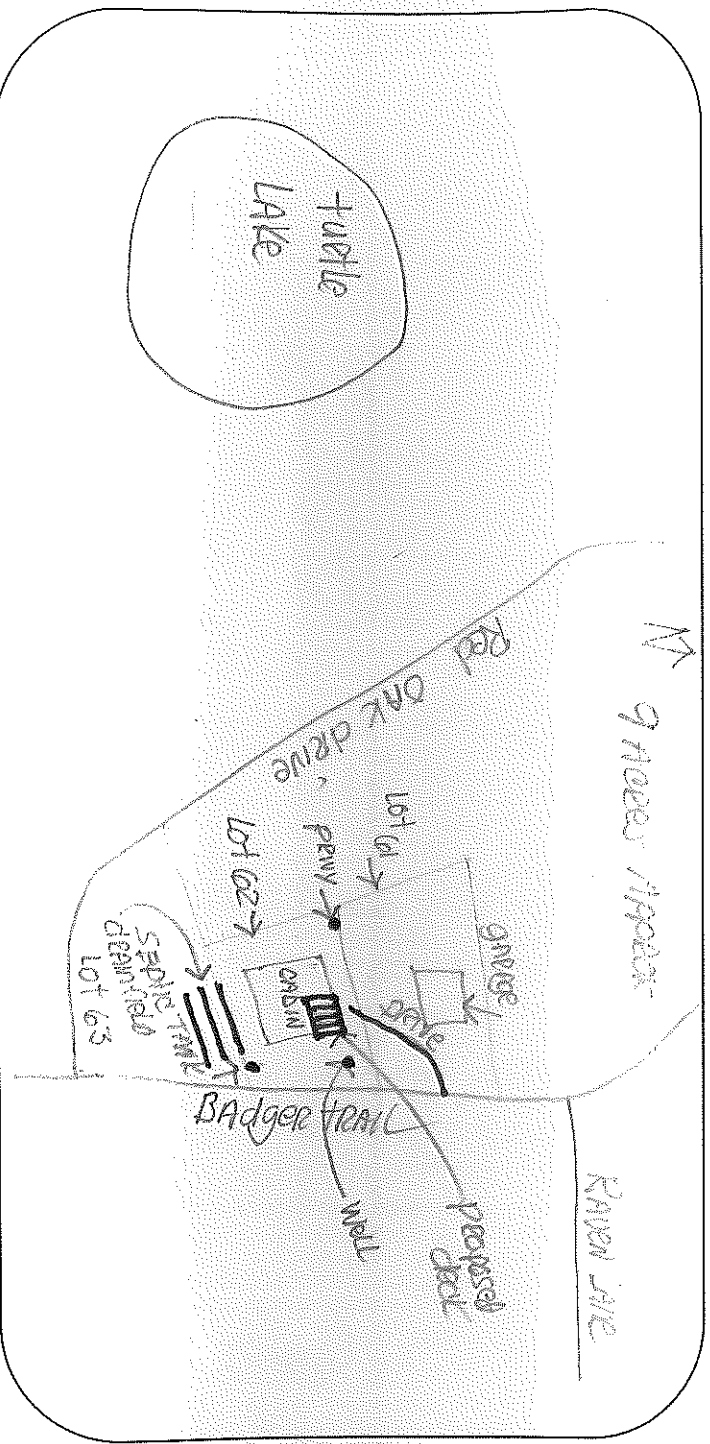
**Authorized Agent:**

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit - Barnes Town Hall - I will pick it up there.

*I'd appreciate being notified when it's there. Thank you!*  
If you recently purchased the property and your Recorded deed still lists 452-093-1200 as the contact number, please call 452-093-1200. Call 452-093-1200 if you need more information.

(1) Show location of:	<b>Proposed Construction</b>
(2) Show / indicate:	North (N) on Plot Plan
(3) Show location of (*):	(* Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show:	All Existing Structures on your Property
(5) Show:	(* Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*):	(* Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*):	(* Wetlands; or (*) Slopes over 20%



(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	180' Feet	Setback from the Lake (ordinary high-water mark)	1000.5' Feet
Setback from the Established Right-of-Way	150' Feet	Setback from the River, Stream, Creek	NONE Feet
		Setback from the Bank or Bluff	NONE Feet
Setback from the North Lot Line	99' Feet		
Setback from the South Lot Line	128' Feet	Setback from Wetland	1000.5' Feet
Setback from the West Lot Line	105' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	98.7' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	99' Feet	Setback to Well	2' Feet
Setback to Drain Field	121' Feet		
Setback to Privy (Portable, Composting)	122' Feet	deck IS ABOUT 15' FROM EAST SIDE OF DEPOSED deck.	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)			Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):			Reason for Denial:		
Permit #: 16-0883			Permit Date: 8-30-16		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming			<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:			Case #:		
Was Parcel Legally Created Was Proposed Building Site Delineated			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	
Inspection Record:			Zoning District ( R1 ) Lakes Classification ( )		
Date of Inspection: 8-25-16			Inspected by: JGandy	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Must get AOC if needed					
Signature of Inspector: JGandy			Date of Approval: 8-24-16		
Hold For Sanitary: <input type="checkbox"/>			Hold For TBA: <input type="checkbox"/>		
Hold For Affidavit: <input type="checkbox"/>			Hold For Fees: <input type="checkbox"/>		